(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC	140	002 (Mod. 3)				ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 119.0		FOR WEEK EN 01/07/2018	DING	<b>3</b>						on ilding Moder	nization- F	Phase 4			T OR CONTR	ACT NO. 06MKC0030	)
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (C) EXEMPTIONS (C)	(3) WORK	6	(4) DAY	THU	FRI S	SAT SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,	1 2 3 HOURS WOR	4 RKED		6 7	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	4	Tile Setter	D O S	0 0 0 0 0 0 0 8.00 8.00	0 0	0 0	0 0 0 0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 25.78 9.72	568.00 1444.56	89.56	191.00	105.82	20.95	1) 0.00 2) 0.00 3) 75.00	400.00	962.23 990897
Other Deduction Detail: Simple IRA: 75	.00																
(b) (6)	4	Laborer: Common/General	D O S	0 0 0 0 0 0 0 0 0	0 0 8.00	0 0 8.00	0 0 0 0 0 0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 26.00 0.00	416.00 1444.56	89.56	191.00	105.82	20.95	1) 0.00 2) 0.00 3) 75.00	400.00	962.23 990897
Other Deduction Detail: Simple IRA: 75	.00																
(b) (6)	3	Laborer: Common/General	D 0 S	0 0 0 0 0 0 0 0 0	0 0 8.00	0 0 8.00	0 0 0 0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 27.00 0.00	432.00	21.05	140.00	97.71	90.03	1) 0.00 2) 0.00 3) 82.41	1	1053.28 990949
Other Deduction Detail: Health & Denta	l Insura	ance: 32.41, Advance: 5	0.00	<u> </u>													
(b) (6)	0	Laborer: Common/General	D O S	0 0 0 0 0 0 0 8.00 8.00	0 0	0 0 8.00	0 0 0 0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 22.00 0.00	528.00 1084.80	15.26	170.00	55.53	65.25	1) 0.00 2) 0.00 3) 32.41	1	746.35 990955

Other Deduction Detail: Health & Dental Insurance: 32.41

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRA	ACTOR	✓ Wage DC Det:	140	002	(Mo	d. 3)				'	ADDRESS		d Washington	n Road							
Atlantic Refinishing & Restoration, Inc.		Det.										waldon,	MD 20601								
PAYROLL NO.		FOR WEEK EN	IDIN	G							PROJECT /	AND LOCAT	ION				PROJEC	T OR C	ONTRA	ACT NO.	
119.0		01/07/2018									Herbert ⊢ Vashingt		ilding Moder	nization- F	Phase 4		G14.16	64/GS	11P0	6MKC0030	
(1)	(2)	(3)	T_		(-	4) DAY	' AND	DATE	=		(5)	(6)	(7)		(8)	* Other	Deductions				(9)
	SNS		or DT	MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS			2) Loc 3) Oth			NET
NAME, ADDRESS, AND	HOE!   PIC	WORK	ST, OT	1	2	3	4	5	6	7			GROSS		WITH-	l	I	ı	1		WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ľ		HOUR	S WOF	RKED	EACH	H DAY	7	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	ОТН	ER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	ام ا					1 '	0.00		
	4		0	0	0	0	0	0	0	0	0.00	0.00 0.00		21.18	129.00	93.49	90.56	1 '	0.00	334.23	1126.39
(b) (6)			s	0	8.00	5.00	0	0	0	0	13.00	25.78 9.72	1460.62					,	0.00		990956
(b) (6)		Laborer: Common/General	D O S	0	0	0 0 3.00	0 8.00	0 0	0 0 0	0 0	0.00 0.00 11.00	0.00 0.00 0.00 0.00 26.00 0.00		21.18	129.00	93.49	90.56	2)	0.00 0.00 0.00	334.23	1126.39 990956
(b) (6)	ļ	Marble: Stone Mason	D	o	0	0	0	o	0	o	0.00	0.00 0.00	243.55					1)	0.00		
	5		0	0	0	0	0	0	0	0	0.00	0.00 0.00	/	25.56	163.00	112.64	109.31		0.00	410.51	1352.45
(b) (6)			s	0	0	5.00	0	0	0	0	5.00	33.58 15.13	1762.96					3)	0.00		990957
(b) (6)	5	Tile Setter	D 0 s	0	0 0 8.00	0	0 0	0 0	0 0	0 0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 25.78 9.72		25.56	163.00	112.64	109.31	2)	0.00 0.00 0.00	410.51	1352.45 990957

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	ONTRACTOR	R ✓ Wage D Det:	C14	0002	2 (Mo	d. 3)				,	ADDRESS		d Washingto , MD 20601	n Road							
	iiic.																				
PAYROLL NO.		FOR WEEK	ENDIN	IG								AND LOCAT		nization [	Ohana 4		PROJEC	T OR	CONTRA	ACT NO.	
119.0		01/07/201	18								Vashingt		ilding Moder	nizalion- i	Phase 4		G14.16	34/G	S11P0	6MKC0030	
(1)	(2)	(3)	Ŀ		(-	4) DA`	Y AND	DATE	=		(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax		(9)
	ONS		5	MOI	N TUE	WED	THU	FRI	SATS	UN				DE	DUCTIONS			,	ther Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	⊢	1	2	3	4	5	6	7	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK/
OF EMPLOYEE	8 2 2				HOUR	s wo	RKED I	EACH	H DAY		HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	0	THER*	DEDUCTIONS	Check No.
(b) (6)		Laborer: Common/General			0	0	0	0	0	0	0.00	0.00 0.00	90.00					1)	0.00		
	5	Common/General	C		0	0	0	0	0	0	0.00	0.00 0.00		25.56	163.00	112.64	109.31	2)	0.00	410.51	1352.45
<sup>(b) (6)</sup> 6			5	6 (	0	3.00	0	0	0	0	3.00	30.00 0.00	1762.96								990957
(b) (6)	1	Laborer: Common/General	C		0 0	0	0	0	0	0	0.00	0.00 0.00	/	12.50	103.00	40.00	53.44	1) 2) 3)	0.00 0.00 32.41	241.35	653.05
(b) (6)			5	6 (	8.00	8.00	8.00	8.00	0	0	32.00	22.00 0.00	894.40					Ĺ			990980
Other Deduction Detail: Health & De	ental Insur	ance: 32.41																			

Date January 10th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
Dourell Supervisor	
I, (b) (6) Payroll Supervisor (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	· · · · · · · · · · · · · · · · · · ·
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Herbert Hoover Building Modernization- ; that during the payroll period commencing on the Phase 4 (Building or Work)	
1st day of January , 2018 , and ending the 7th day of January , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #119
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOR	R ✓ Wage DC	1/10	1002	(Mod	1 3)				ADDRESS	2320 01	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc		Det:	140	1002	(IVIOC	1. 3)				ADDREGO		, MD 20601	minoad						
PAYROLL NO.		FOR WEEK EN	NDIN	G							AND LOCAT					PROJEC	T OR CONTI	RACT NO.	
118.1		12/31/2017								Herbert F Washing		ilding Moder	nization- I	Phase 4		G14.16	64/GS11P	06MKC0030	1
(1)	(2)	(3)			(4	) DAY A	ND E	DATE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax		(9)
	NO. OF WITHHOLDING EXEMPTIONS			MON	TUE	WED TH	HU F	RI SA	TSUN				DE	DUCTIONS			<ol> <li>Local Tax</li> <li>Other De</li> </ol>		NET
NAME. ADDRESS, AND	1. ge	WORK	þ.,	25	26	27 2	8 2	29 30	31			GROSS					-,		WAGES PAID
Identification Number	O.E.A.	CLASSIFICATION	ST,							TOTAL	RATE	AMOUNT		WITH- HOLDING				TOTAL	FOR WEEK
OF EMPLOYEE			+	1	IOURS i	WORK I		- i	T	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	1) 0.00	DEDUCTIONS	Check No.
(b) (6)		Tile Setter	D		0	0	0	0	0 0	0.00	0.00 0.00	1136.00					1) 0.00	1	
	4		0	0	0	0	0	0	0 0	0.00	0.00 0.00	/	70.43	114.00	81.29	16.47	3) 75.00	0.57.40	778.81
(b) (6) 3			S	0	8.00	8.00 8.0	00 8.	.00	0 0	32.00	25.78 9.72	1136.00					,		990737
Other Deduction Detail: Simple IRA: 75	5.00								•							•			
(b) (6) (b) (6)	0	Laborer: Common/General	D O S	0	0 8.00	0 8.00 8.0	0 0 00 8.	0	0 0 0	0.00	0.00 0.00 0.00 0.00 22.00 0.00		70.43	114.00	81.29	16.47	1) 0.00 2) 0.00 3) 75.00	) 257.40	778.81 990819
Other Deduction Detail: Simple IRA: 75	5.00																		
(b) (6)		Tile Setter	D	0	0	0	0	0	0 0	0.00	0.00 0.00	852.00					1) 0.00	1	
	4		0	0	0	0	0	0	0 0	0.00	0.00 0.00	/	65.72	69.00	61.64	15.37	2) 0.00 3) 0.00		848.27
(b) (6)			s	0	8.00	0 8.0	00 8.	.00	0 0	24.00	25.78 9.72	1060.00					3) 0.00		990820
																ı			
		<b>L</b>	1	1 1	1	1		1	1	İ	ı	. 4			İ	I	Lo oo	. I	1
(b) (6)		Tile Setter	D		0	0	0	0	0 0	0.00	0.00 0.00	1136.00					1) 0.00	1	
	5		0	0	0	0	0	0	0 0	0.00	0.00 0.00	/	85.31	105.00	81.87	19.95	3) 0.00		1083.87
(b) (6)			S	0	8.00	8.00 8.0	00 8.	.00	0 0	32.00	25.78 9.72	1376.00							990821

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	Atlantic Refinishing & Restoration, Inc.												d Washingto , MD 20601	n Road						
PAYROLL NO.		FOR WEEK EN	DIN	G								AND LOCAT					PROJEC	T OR CONTE	RACT NO.	
118.1		12/31/2017									Herbert H Nashingt		ilding Modei	rnization- I	Phase 4		G14.16	4/GS11P	06MKC0030	1
(1)	(2)	(3)	L		(4	) DAY	/ AND	DAT	Έ		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax		(9)
	LDING		OT or D	MON TUE WED THU FRI SAT SU										DE	DUCTIONS			2) Local Tax 3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,	<b>—</b>		27 WO			30 H DAY	_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)		Laborer:	D	0	0	0	0	0	0	0	0.00	0.00 0.00	704.00					1) 0.00		
	1	Common/General	0	0	0	0	0	0	0	0	0.00	0.00 0.00		41.64	73.00	29.00	9.74	(2) 0.00 (3) 32.41	1 105 70	518.21
(b) (6)			S	0	8.00	8.00	8.00	8.00	0	0	32.00	22.00 0.00	704.00					,		990856

Date January 5th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor  (Name of Signatory Party) (Title)  do hereby state:  (1) That I pay or supervise the payment of the persons employed by	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)  Herbert Hoover Building Modernization—; that during the payroll period commencing on the Phase 4 (Building or Work)  25th day of December , 2017, and ending the 31st day of December , 2017 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said  Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA	(c) EXCEPTIONS
<ul> <li>(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.</li> <li>(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.</li> </ul>	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Revised Payroll #118.1
<ul> <li>(4) That:</li> <li>(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS</li> <li>in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.</li> </ul>	NAME AND TITLE:  SIGNATURE: Signed Electronically  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRA	ACTOR	₩age DC	140	002	(Moc	d. 3)				ADDRESS	2320 Ol	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:			,	,						MD 20601							
PAYROLL NO.		FOR WEEK EN	DIN	G							AND LOCAT					PROJEC	T OR CON	TRACT NO.	
118.0		12/31/2017								Herbert F Washing		ilding Moder	nızatıon- I	hase 4		G14.16	64/GS11F	P06MKC0030	)
(1)	(2)	(3)	Ь		(4	) DAY A	AND	DATE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local T		(9)
	DING		5	MON	TUE	WED TI	HU	FRI SA	AT SUN	1			DE	DUCTIONS			3) Other D		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	25	26	27 2	28	29 3	0 31	TOTAL	DATE	GROSS		WITH-				T	PAID FOR WEEK
OF EMPLOYEE				Н	OURS	WORK	ŒD I	EACH [	DAY	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER <sup>3</sup>		
(b) (6)		Tile Setter	D		0	0	0	0	0 0	0.00	0.00 0.00	1136.00					1) 0.0		
	4		0		0	0	0	0	0 0	0.00	0.00 0.00	. / .	70.43	114.00	81.29	16.47	3) 75.0	0.57.40	778.81
(b) (6)			S	0	8.00	8.00 8.	00 8	3.00	0 0	32.00	25.78 9.72	1136.00							990737
(b) (6) Other Deduction Detail: Simple IRA: 75.0	0	Laborer: Common/General	O S	0	0 8.00	0 8.00 8.	0 00 8	0	0 0 0 0	0.00	0.00 0.00 0.00 0.00 22.00 0.00		70.43	114.00	81.29	16.47	1) 0.0 2) 0.0 3) 75.0	00	778.81 990819
		L			1	1				1	1			1		1	1		1
(b) (6)	4	Tile Setter	D O S	0	0 8.00	0 0 8.	0 00 8	0	0 0 0 0	-	0.00 0.00 0.00 0.00 25.78 9.72		65.72	69.00	61.64	15.37	1) 0.0 2) 0.0 3) 0.0	00	848.27 990820
(b) (6)	5	Tile Setter	D 0 8	0	0 0 8.00		0 0 00 8	0	0 0 0 0	-	0.00 0.00 0.00 0.00 25.78 9.72	/	65.72	69.00	61.64	15.37	1) 0.0 2) 0.0 3) 0.0	00	848.27 990821

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	ONTRACTOR		40	0002	(Mod	l. 3)				ADDR			d Washingto	n Road							
Atlantic Refinishing & Restoration, I	lnc.	Det:										Waldorf,	MD 20601								
PAYROLL NO.		FOR WEEK EN	DIN	G								ND LOCATI					PROJEC	T OR	CONTRA	ACT NO.	
118.0		12/31/2017										oover Bui on, DC	ilding Moder	nization- F	Phase 4		G14.16	4/G	S11P0	6MKC0030	
(1)	(2)	(3)	L		(4	) DAY	AND D	ATE		(5	5)	(6)	(7)		(8)	* Other	Deductions -	,			(9)
NAME ADDDESS AND	NO. OF WITHHOLDING EXEMPTIONS	WORK	OT or D						AT SUN	_				DE	DUCTIONS			,	ther Ded		NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,	25 F			Z8 Z KED E		0 31 DAY	то	OTAL OURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	01	ΓHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)		Laborer: Common/General	D	0	0	0	0	0	0 (	0	0.00	0.00 0.00	704.00					1)	0.00		
	1	Common/General	0	0	0	0	0	0	0 (	0	0.00	0.00 0.00		41.64	73.00	29.00	9.74	3)	0.00 32.41	185.79	518.21
(b) (6)			S	0	8.00	8.00	8.00 8.0	00	0 0	32	2.00	22.00 0.00	704.00								990856
Other Deduction Detail: Health & D	ental Insura	ance: 32.41																			

Date January 5th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization-; that during the payroll period commencing on the Phase 4 (Building or Work)  25th day of December 2017, and ending the 31st day of December 2017	
25th day of December , 2017 , and ending the 31st day of December , 2017 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #118
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRA	CTOR	✓ Wage DC	140	1002	(Mod	4 3)				I A	DDRESS	2320 01	d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.		Det:	170	7002	(IVIOC	u. 0)							MD 20601								
PAYROLL NO.		FOR WEEK EN	IDIN	G								AND LOCAT					PROJEC	T OR CO	NTRA	CT NO.	
117.0		12/24/2017									erbert H /ashingt		ilding Moder	nization- F	Phase 4		G14.10	64/GS1	1P06	MKC0030	
(1)	(2)	(3)	Τ_		(4	) DAY	AND	DATE			(5)	(6)	(7)		(8)	* Other	Deductions				(9)
	NS S		or DT	MON	TUE	WED T	HU	FRI S	SAT S	UN				DE	DUCTIONS			<ol> <li>Local</li> <li>Other</li> </ol>			NET
NAME, ADDRESS, AND	멀티	WORK	ST, OT	18	19	20	21	22	23 2	24			GROSS			ı		<u> </u>			WAGES PAID
Identification Number OF EMPLOYEE	WITHHOLDING EXEMPTIONS	CLASSIFICATION	S			S WOR					TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	R*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	D	1	0	0	0	0	0	0	0.00	0.00 0.00	4		1700			1) (	0.00	22200110110	
	4		0	0	0	0	0	0	0	0	0.00	0.00 0.00		88.04	185.00	103.87	20.59	1 '	0.00	472.50	947.50
(b) (6)			s	9.00	8.00	8.00 8	.00	7.00	0	0	40.00	25.78 9.72	1420.00					0, 70			990578
(b) (6)  Other Deduction Detail: Health & Dental	0	Laborer: Common/General unce: 32.41	D 0 8	0	0 8.00	0 0 8.00 8	0 0 1.00	0 0 7.00	0 0	0 0 0	0.00 0.00 31.00	0.00 0.00 0.00 0.00 22.00 0.00		52.08	117.00	44.69	12.18	2) (	0.00 0.00 2.41	258.36	614.04 990659
(b) (6)	4	Tile Setter	D 0 S	0	0 0 8.00	0 8.00 8	0 0	0 0 7.00	0 0	0 0 0	0.00 0.00 31.00	0.00 0.00 0.00 0.00 25.78 9.72	/	81.13	107.00	81.40	18.97	2) (	0.00	288.50	1020.00 990660
(b) (6)	5	Tile Setter	D 0 s	0	0 0 7.50	0 0 8.00 8	0 0 5.00	0 0 7.00	0 0	0 0 0	0.00 0.00 30.50	0.00 0.00 0.00 0.00 25.78 9.72		86.66	108.00	83.60	20.27	2) (	0.00	298.53	1099.22 990661

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3)  Atlantic Refinishing & Restoration, Inc.  PAYROLL NO. FOR WEEK ENDING											ADDRESS		d Washingto , MD 20601	n Road						
PAYROLL NO.		FOR WEEK EN	DIN	3								AND LOCAT					PROJEC	T OR CONT	RACT NO.	
117.0		12/24/2017									Herbert F Nashingt		ilding Modei	rnization- I	Phase 4		G14.16	64/GS11F	06MKC0030	)
(1)	(2)	(3)			(4	) DA	Y ANE	DAT	E		(5)	(6)	(7)		(8)	* Other	Deductions	,		(9)
	LDING		OT or D	MON TUE WED THU FRI SAT SU										DE	DUCTIONS			2) Local Ta 3) Other D		NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,		19 OUR	20 s wo		22 EAC	23 H DAY	-	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)		Laborer:	D	0	0	0	0	0	0	0	0.00	0.00 0.00	880.00	1				1) 0.0		
<del></del>	1	Common/General	0	0	0	0	0	0	0	0	0.00	0.00 0.00		52.55	100.00	39.00	12.29	2) 0.0 3) 32.4	226.25	643.75
(b) (6)			S	9.00	8.00	8.00	8.00	7.00	0	0	40.00	22.00 0.00	880.00							990693

Date December 29th, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization-; that during the payroll period commencing on the Phase 4 (Building or Work)	
18th day of December , 2017 , and ending the 24th day of December , 2017	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #117
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been	(b) (6) Payroll Supervisor Signed Electronically
or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.											ADDRESS 2320 Old Washington Road Waldorf, MD 20601										
PAYROLL NO. 116.0		FOR WEEK EI 12/17/2017		G						H			ION ilding Moder	nization- F	Phase 4		PROJECT			ACT NO. 6MKC0030	ı
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3)	MON TUE WED THU FRI SAT SUN									(6)	(7)	DE	(8) DUCTIONS	* Other	· Deductions	2) Loc	cal Tax cal Tax ner Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,			12   13   14   15   16   17 DURS WORKED EACH DAY			TOTAL HOURS	RATE OF PAY	EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТН	HER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.		
(b) (6) (b) (6)	4	Tile Setter	0 8.00	0 8.00		0 1.00 7.00	0 0	0	0.00 1.00 40.00	0.00 0.00 38.67 9.72 25.78 9.72		91.04	197.00	107.72	21.29	1) 2) 3)	0.00 0.00 75.00	492.05	976.34 990313		
Other Deduction Detail: Simple IRA: 75.  (b) (6)		Tile Setter	D 0 8		0 0	0 0	0 0	0 0	0 0	0 0	0.00 0.00 7.00	0.00 0.00 0.00 0.00 25.78 9.72		78.09	99.00	77.50	18.26	1) 2) 3)	0.00 0.00 0.00	272.85	986.65 990394
(b) (6)  (b) (6)  Other Deduction Detail: Health & Denta	1	Laborer: Common/General	D 0 8		0 0 8.00	0 0 8.00		1.00	0 0	0 0	0.00 1.00 40.00	0.00 0.00 33.00 0.00 22.00 0.00		54.59	108.00	41.00	12.77	1) 2) 3)	0.00 0.00 32.41	248.77	664.23 990427

Date December 29th, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization-; that during the payroll period commencing on the Phase 4 (Building or Work)	
11th day of December , 2017 , and ending the 17th day of December , 2017	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA	
	REMARKS  Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #116
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	CUITTACT #GSTTFUONIACOUSU, Wage Decision #DC140002 Midd S 04/11/14,Fay1011 #116
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.											ADDRESS		d Washingto , MD 20601	n Road						
PAYROLL NO. 115.0		1			ION ilding Moder	nization- F	Phase 4				TRACT NO.	)								
(1)	NO. OF WITHHOLDING (C) EXEMPTIONS	(3)	MON TUE WED THU FRI SAT SUI									(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Local T		(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHC EXEMP	CLASSIFICATION	ST.	<u> </u>			_ ′			1	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	4	Tile Setter	0	HOURS WORKED EACH DAY  O 0 0 0 0 0 0 0  O 0 0 0 0 0 0 0  S 8.00 7.50 8.00 8.00 8.50 0 0						0 0	0.00 0.50 40.00	0.00 0.00 38.67 9.72 25.78 9.72		89.55	191.00	105.79	20.94	1) 0.0 2) 0.0 3) 75.0	00 492 29	961.92 990158
Other Deduction Detail: Simple IRA: 7.	5.00	1		1	1		1 3.43				40.00	20.10 0.12	<u> </u>							
(b) (6)  Other Deduction Detail: Health & Dent	1	Laborer: Common/General	0		0 0	ľ	0 8.00	0 1.00 8.00		0 0	0.00 1.00 40.00	0.00 0.00 33.00 0.00 22.00 0.00	913.00	55.61	112.00	42.00	13.00	1) 0. 2) 0. 3) 16.	00 239.76	674.24 990272

Date December 29th, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by  Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(c) EXCEPTIONS
Herbert Hoover Building Modernization—; that during the payroll period commencing on the Phase 4 (Building or Work)  4th day of December , 2017 , and ending the 10th day of December , 2017  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said  Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #115
(4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	NAME AND TITLE:  SIGNATURE  Signed Electronically  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.											ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 114.0		- [1			ION ilding Moder	nization- F	Phase 4				NTRACT NO.	30								
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (2) EXEMPTIONS	(3)	(3) (4) DAY AND DATE    MON TUE   WED   THU   FRI   SAT   SUI									(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Local		(9) NET WAGES
Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST.	·	HOUR			EAC		1	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	TOTAL	PAID FOR WEEK/ NS Check No.
(b) (6)	4	Tile Setter	0	D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						0	0.00 3.50 20.50	0.00 0.00 38.67 9.72 25.78 9.72	/	98.54	227.00	117.33	23.05	2) 0	.00 .00 .00 540.9	2 1048.45 990002
Other Deduction Detail: Simple IRA: 75	5.00	1		_							20,00		<u> </u>							
(b) (6) Other Deduction Detail: Health & Denta	1	Laborer: Common/General	0		0 0 0 0 0 0	0 0 8.00		0 3.50 4.50	0	0 0	0.00 3.50 20.50	0.00 0.00 33.00 0.00 22.00 0.00	566.50 995.50	59.21	126.00	46.00	13.85	2) 0	.00 .00 .54 285.6	0 709.90 990116

Date December 29th, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by  Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Herbert Hoover Building Modernization-; that during the payroll period commencing on the Phase 4 (Building or Work)	
<u>27th</u> day of <u>November</u> , <u>2017</u> , and ending the <u>3rd</u> day of <u>December</u> , <u>2017</u>	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #114
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been	(b) (6) Payroll Supervisor Signed Electronically
or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3)												2320 OI	d Washingto	n Road								
Atlantic Refinishing & Restoration, Inc.		Det										Waldorf	, MD 20601									
PAYROLL NO.		FOR W	VEEK END	ING	;							AND LOCAT					PROJEC	PROJECT OR CONTRACT NO.				
113.0		11/26	6/2017								∃erbert F Nashingt		ilding Moder	nization- F	Phase 4		G14.16	64/GS11I	P06MKC0030	)		
(1)	(2)	(3)		F		(4) D	AY AN	ID DAT	ГΕ		(5)	(6)	(7)		(8)	* Other	r Deductions	- 1) Local T 2) Local T		(9)		
	LDING		MON TUE WED THU FRI SAT											DE	DUCTIONS			eductions	NET WAGES			
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICA		ST,		21 2: DURS W			25 CH D/	$\perp$	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	TOTAL	PAID FOR WEEK/ Check No.		
(b) (6)		Tile Setter		D	0	0	0	0 0		0 0	0.00	0.00 0.00	355.00					1) 0.0				
	4			0	0	0	0	0 0	(	0 0	0.00	0.00 0.00	/	78.92	148.00	92.18	18.46	2) 0.0 3) 75.0	1112 56	860.44		
(b) (6)				S	10.00	0	0	0 0	C	0 0	10.00	25.78 9.72	1273.00					<b>_</b>		45180		
Other Deduction Detail: Simple IRA: 75	.00																					
(b) (6)	1	Laborer: Common/Gener	ral	D 0	0 0 10.00	0	1	0 0	(	0 0	0.00	0.00 0.00		38.40	66.00	26.00	8.98	1) 0.0 2) 0.0 3) 40.5	170.03	480.08		
Other Deduction Detail: Health & Denta	l Insur	ance: 40 54		٥	10.00	٥	<u>ا</u> ا	0		ا ا	10.00	22.00 0.00	660.00							45324		

Date December 1st, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by  Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Herbert Hoover Building Modernization- ; that during the payroll period commencing on the Phase 4 (Building or Work)  20th day of November 2017, and ending the 26th day of November 2017	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #113
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:  SIGNATURE  O'DOWN A File Association in the second seco
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been	(b) (6) Payroll Supervisor Signed Electronically
or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.											ADDRESS		d Washingto , MD 20601	n Road						
PAYROLL NO. 112.0					ION ilding Moder	nization- F	Phase 4			T OR CONTI	RACT NO. 06MKC0030	)								
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (C) EXEMPTIONS	(3)	MON TUE WED THU FRI SAT SUI									(6)	(7)	DE	(8) DUCTIONS	* Other	r Deductions	- 1) Local Ta: 2) Local Ta: 3) Other De	(2	(9) NET WAGES
Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION									TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	4	Tile Setter	C	0 0 0 0 0 0						0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 25.78 9.72		88.04	185.00	103.87	20.59	1) 0.00 2) 0.00 3) 75.00	172.50	947.50 44930
Other Deduction Detail: Simple IRA: 75	.00												V							
(b) (6)  Other Deduction Detail: Health & Denta	1	Laborer: Common/General	C	1	0 0 0 0 8.00	0 0 8.00	0 0 8.00	0 0 8.00	0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 22.00 0.00	880.00	52.05	99.00	39.00	12.17	1) 0.00 2) 0.00 3) 40.54	242.76	637.24 45079

Date December 1st, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor  (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by  Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)  Herbert Hoover Building Modernization— ; that during the payroll period commencing on the Phase 4 (Building or Work)  13th day of November , 2017 , and ending the 19th day of November , 2017 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA	
<ul> <li>(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.</li> <li>(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor.</li> </ul>	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #112
(4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	NAME AND TITLE:    SIGNATURE

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3)  Atlantic Refinishing & Restoration, Inc.											ADDRESS 2320 Old Washington Road Waldorf, MD 20601										
PAYROLL NO. 111.0		FOR WEEK EN 11/12/2017	DIN	G						H			ION ilding Moder	nization- I	Phase 4		PROJECT G14.16			ACT NO. 6MKC0030	
(1) (2)  NAME, ADDRESS, AND Identification Number OF EMPLOYEE  (1)  OLIVIANO (2)  OLIV	- 1	(3) (4) DAY AND DATE    MON TUE   WED   THU   FR   SAT   SUN									(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	r Deductions	2) Lo	ocal Tax ocal Tax ther Ded	2	(9) NET WAGES
Identification Number OF EMPLOYEE	CI	LASSIFICATION							H DA		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТ	HER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	Tile Setter D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										0.00 0.00 39.00	0.00 0.00 0.00 0.00 25.78 9.72		87.45	182.00	103.11	20.45	1) 2) 3)	0.00 0.00 75.00	468.01	942.49 44710
Other Deduction Detail: Simple IRA: 75.00  (b) (6)  4	Tile Se		D 0 s	0	0 0 8.00	0 0	0 0	0 0	0 0	0 0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 25.78 9.72		91.45	132.00	94.63	21.39	1) 2) 3)	0.00 0.00 23.51	362.98	1135.52 44818
Other Deduction Detail: Health & Dental Inst	Irance: 2			ا ا	اه	l ol	0	l ol	اء	ام	0.00	1	J 250 00 A				<u> </u>	1)	0.00		l
Other Deduction Detail: Health & Dental Insi	Comm	on/General	О S		0 8.00	0	0 8.00	0	0	0 0	0.00 0.00 39.00	0.00 0.00 0.00 0.00 22.00 0.00		58.31	123.00	45.00	13.64	2)	0.00 0.00 -60.56	179.39	700.61 44860

Date December 1st, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization-; that during the payroll period commencing on the Phase 4 (Building or Work)	
6th day of November, 2017, and ending the 12th day of November, 2017	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #111
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTO	R ✓ Wage DC	140	0002	(Mo	od. 3)			T	ADDRESS		d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.	;.	Det:									Waldorf,	, MD 20601								
PAYROLL NO.		FOR WEEK EN	NDIN	G							AND LOCAT					PROJEC	T OR CONTR	RACT NO.		
110.0		11/05/2017								Herbert F Washing		ilding Moder	nization- I		G14.164/GS11P06MKC0030					
(1)	(2)	(3)	TO		(	(4) DAY AN	ND D	DATE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)	
	DING		OT or [	MON	TUE	WED TH	U F	RI SA	TSUN				DE	DUCTIONS			3) Other De		NET WAGES	
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, O	30	31	1 2	;	3 4	5	TOTAL	DATE	GROSS		WITH-				T	PAID FOR WEEK	
OF EMPLOYEE	S M M	OLAGOII IOATION		H	OUR	S WORKE	DΕ	ACH D	AY	HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS		
(b) (6)		Tile Setter	D	0	0	0	0	0	0 0	0.00	0.00 0.00	284.00					1) 0.00			
	4		0	0	0	0	0	0	0 0	0.00	0.00 0.00	/	107.14	262.00	128.36	25.06	2) 0.00 3) 75.00	F07 F0	1130.44	
(b) (6)			S	0	0	0	0 8.	.00	0 0	8.00	25.78 9.72	1728.00							44481	
Other Deduction Detail: Simple IRA: 7	5.00																			
Other Deduction Detail: Health & Den	0	Common/General	0 S	1 1	0		0 8.		0 0	0.00	0.00 0.00 22.00 0.00	1 / 1	52.55	119.00	45.18	12.29	2) 0.00 3) 32.41	004 40	618.57 44591	
Other Deduction Detail. Health & Den	iai iiisui	ance. 32.41																		
(b) (6)	4	Tile Setter	D 0 8	0	0	0	0 0 0 8.	0	0 0 0	0.00	0.00 0.00 0.00 0.00 25.78 9.72		93.03	135.00	96.66	21.76	1) 0.00 2) 0.00 3) 23.51	) 000.00	1154.04 44592	
Other Deduction Detail: Health & Den	al Insur	ance: 23.51																		
(b) (6)		Laborer:	D	o	0	0	0	0	0 0	0.00	0.00 0.00	176.00					1) 0.00	1		
	1	Common/General	0	0	0	0	0	0	0 0	0.00	0.00 0.00	1 / 1	71.10	174.00	57.00	16.63	2) 0.00 3) 40.54		827.93	
(b) (6)			s	0	0	0	0 8.	.00	0 0	8.00	22.00 0.00	1187.20					, .5.6		44635	
Other Deduction Detail: Health & Den	tal Insur	ance: 40.54						'												

Date November 12th, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization-; that during the payroll period commencing on the Phase 4 (Building or Work)	
30th day of October , 2017 , and ending the 5th day of November , 2017	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #110
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	NAME AND THE
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:  SIGNATURE  Signature
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been	(b) (6) Payroll Supervisor Signed Electronically
or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date November 4th, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the</li> </ul>
do hereby state:  (1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization- Phase 4 (Building or Work)  23rd day of October , 2017 , and ending the 29th day of October , 2017	
23rd day of October , 2017 , and ending the 29th day of October , 2017  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, ,Payroll #109Payroll #109 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:  SIGNATURE  Signature
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been	(b) (6) Payroll Supervisor Signed Electronically
or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.											ADDRESS 2320 Old Washington Road Waldorf, MD 20601												
PAYROLL NO. FOR WEEK ENDING												PROJECT AND LOCATION PROJECT OR CONTRACT NO.											
108.0		10/22/201	7									erbert Hoover Building Modernization- Phase 4 G14.164/GS11P06MP GS14.164/GS11P06MP											
(1)	(2)	(3)	-		(4	4) DAY	/ AND	DATI	E		(5)	(6)	(7)		(8)	* Other	r Deductions	,		(9)			
	LDING		OT or D						SAT					DE	DUCTIONS			2) Local 3) Other	Deductions	NET WAGES			
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST.			18 S WOI			21 H DAY	22	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	TOTAL DEDUCTION	PAID FOR WEEK/ Check No.			
(b) (6)	- 1	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1	ı				1 '	00				
	4		0	0	0	0	0	0	10.00	0	10.00	38.67 9.72		163.57	505.00	200.72	38.26		00 00 982.55	1655.65			
(b) (6)			S	0	0	0	0	0	0	0	0.00	25.78 9.72	2638.20							43944			

Date October 27th, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
Daviel Constitution	
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Herbert Hoover Building Modernization-; that during the payroll period commencing on the Phase 4 (Building or Work)	
16th day of October , 2017 , and ending the 22nd day of October , 2017	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Simple IRA	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #108
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date October 21st, 2017	(b) WHERE EDINGE RENEETS ARE DAID IN CASH
Dayroll Constrained	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Herbert Hoover Building Modernization- ; that during the payroll period commencing on the Phase 4 (Building or Work)	
9th day of October , 2017 , and ending the 15th day of October , 2017	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, ,Payroll #107Payroll #107 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.												DRESS		d Washingto MD 20601	n Road							
PAYROLL NO. FOR WEEK ENDING 106.0 10/08/2017												PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC  PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030										
(1) NAME, ADDRESS, AND	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	6			(4) DA	ТН	J FRI			N	(5)	(6)	(7)	DE	* Other	Deductions	2) Loc	al Tax		(9) NET WAGES	
Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST	2		RS WO	5 DRKE		<u> </u>			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTH	IER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	4	Tile Setter	0		0 0 0 10.0	0 0		0 0		0 0	0	0.00 0.00 28.00	0.00 0.00 0.00 0.00 25.78 9.72	994.00	146.21	427.00	178.46	34.20	1) 2) 3)	0.00 0.00 75.00	960.97	1497.41 43479
Other Deduction Detail: Simple IRA: 75	.00	1										20.00		2000.20								10173
(b) (6) Other Deduction Detail: Health & Dentail	1	Laborer: Common/General	0		0 0 00 10.0	0 0		0 0		0 0	0	0.00 0.00 28.00	0.00 0.00 0.00 0.00 22.00 0.00	616.00	82.70	221.00	67.00	19.34	1) 2) 3)	0.00 0.00 74.24		943.72 43642

Date October 21st, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
Dours II Constrained	
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	· · · · · · · · · · · · · · · · · · ·
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Herbert Hoover Building Modernization- ; that during the payroll period commencing on the Phase 4 (Building or Work)	
2nd day of October , 2017 , and ending the 8th day of October , 2017	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #106
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.													d Washingto , MD 20601	n Road							
PAYROLL NO. FOR WEEK ENDING 105.0 10/01/2017											PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC  PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030										
(1)	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	OT or DT	: L		(4) DA	THU	FRI	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	r Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES	
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	5	5 2	5 2 HOU	6 27		29 EAC	30 H DA		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.	
(b) (6)	4	Tile Setter	C		0 0 8.0	0 0	0 0 10.00	4.00		0	0.00 4.00 40.00	0.00 0.00 38.66 9.72 25.78 9.72		132.27	364.00	160.59	30.93	1) 0.00 2) 0.00 3) 75.00	762.70	1370.61 43217	
Other Deduction Detail: Simple IRA: 75.	.00			1		0.00	110.00	0.00			40.00	23.70 9.72	2130.40							43217	
(b) (6) Other Deduction Detail: Health & Denta	1	Laborer: Common/General	C		0 0 8.0	0 0 0	0 0 10.00	0 4.00 6.00		0 0	0.00 4.00 40.00	0.00 0.00 33.00 0.00 22.00 0.00	4 / I	74.51	188.00	60.00	17.42	1) 0.00 2) 0.00 3) 74.2	114 17	861.83 43378	

Date October 6th, 2017	/b) \//! IEDE	FOINCE DENEETS ARE DAID	A IN CASH
I, (b) (6) Payroll Supervisor	` '	FRINGE BENEFITS ARE PAID	
(Name of Signatory Party) (Title)	<b>✓</b>		sted in the above referenced payroll has been paid, as amount not less than the sum of the applicable basic
do hereby state:		hourly wage rate plus the am	nount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	(-) EVOED	contract, except as noted in	Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(c) EXCEP	HONS	
Herbert Hoover Building Modernization- Phase 4 (Building or Work); that during the payroll period commencing on the			
<u>25th</u> day of <u>September</u> , <u>2017</u> , and ending the <u>1st</u> day of <u>October</u> , <u>2017</u>			
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said			
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:			
FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA			
	REMARKS		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS <sup>2</sup>	11P06MKC0030, Wage Decisio	n #DC140002 Mod 3 04/11/14,Payroll #105
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.			
(4) That:			
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:		SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)	Payroll Supervisor	Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FA SUBCONTRACTOR 31 OF THE UNITED	R TO CIVIL OR CRIMINAL PROSECUTION	DVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR N. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.											ADDRESS 2320 Old Washington Road Waldorf, MD 20601												
PAYROLL NO. FOR WEEK ENDING												PROJECT AND LOCATION PROJECT OR CONTRACT NO.											
104.1		09/24/2017									Herbert H Washingt	loover Buton, DC	06MKC0030	)									
(1)	(2)	(3)			(	4) DA	Y AND	DAT	E		(5)	(6)	(7)		(8)	* Other	Deductions	,		(9)			
	LDING		OT or D				THU							DE	DUCTIONS			2) Local Ta 3) Other De		NET WAGES			
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,				21 RKED	22 EAC		-	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.			
(b) (6)		Tile Setter	D	C	0	0	0	0	0	0	0.00	0.00 0.00	1	1				1) 0.00	1				
	4		0	C	0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	93.25	206.00	110.55	21.81	2) 0.00 3) 75.00	506.61	997.39			
(b) (6)			S	8.00	8.00	0	0	0	0	0	16.00	25.78 9.72	1504.00					,		42957			

Date September 30th, 2017	(b) WHERE F	FRINGE BENEFITS ARE PAI	ID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)	<b>✓</b>	indicated on the payroll, an	listed in the above referenced payroll has been paid, as a amount not less than the sum of the applicable basic
do hereby state:		hourly wage rate plus the a contract, except as noted in	amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTI	•	(0) 201011
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(c) EXCEPTION	ONG	
Herbert Hoover Building Modernization- Phase 4 (Building or Work); that during the payroll period commencing on the			
18th day of September , 2017 , and ending the 24th day of September , 2017			
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said			
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:			
FICA, FWH, Medicare, State Tax, Simple IRA			
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.		P06MKC0030, Wage Decisi as No Work in error	ion #DC140002 Mod 3 04/11/14,Revised Payroll
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.			
(4) That:			
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:		SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	(b) (6)	Payroll Supervisor	Signed Electronically
		TO CIVIL OR CRIMINAL PROSECUTI	BOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR ION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

Date September 30th, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(b) EXCELLIFICATION
Herbert Hoover Building Modernization- Phase 4 (Building or Work); that during the payroll period commencing on the	
11th day of September , 2017 , and ending the 17th day of September , 2017	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, ,Payroll #103Payroll #103 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	(b) (6) Payroll Supervisor Signed Electronically
	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date September 30th, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(b) EXCELLIFICATION
Herbert Hoover Building Modernization- Phase 4 (Building or Work); that during the payroll period commencing on the	
4th day of September , 2017 , and ending the 10th day of September , 2017	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, ,Payroll #102Payroll #102 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	(b) (6) Payroll Supervisor Signed Electronically
	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date September 30th, 2017	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(b) EXCELLIFICATION
Herbert Hoover Building Modernization-; that during the payroll period commencing on the Phase 4 (Building or Work)	
28th day of August , 2017 , and ending the 3rd day of September , 2017	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, ,Payroll #101Payroll #101 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	(b) (6) Payroll Supervisor Signed Electronically
	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.